

CLAIMS ONLY								Application Number <u>09/685634</u>	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep										
Total Depend										
Total Claims										

* May be used for additional items or amendments

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Total Indep	<u>10</u>				
Total Depend	<u>41</u>				
Total Claims	<u>51</u>				